

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD: JULY 1, 2005 - JUNE 30, 2006**

1. DEPARTMENT/COURT INFORMATION:

Department/Court: HHSA

Division/Unit: Public Health Services / Maternal, Child & Family Health Services -
Fetal Infant Mortality Review Program

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	1	Hours	526	X	\$18.04	=	\$9,489.04
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Types of work performed by GENERAL VOLUNTEERS in this category:

Undergraduate student intern for 6 months provided staff support for a new community initiative and updated information about 100+ medical practices that participate in the program's referral service for pregnant women.

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	0	Hours	0	X	\$18.04	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

Position	Hours	X	VCL	=	Dollar Benefit
6 MDs	30		\$70.00		\$2,100.00
2 RNs	8		\$30.00		\$240.00

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2 MSWs	14	\$25.00	\$350.00
1 JD	10	\$70.00	\$700.00

No. Vol.	11	Total Hours	62	Total Value	\$3,390.00
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

Professional panel reviews fetal and infant deaths and makes recommendations for system changes to prevent future deaths. Group met 5 times this FY.

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

No. of Volunteers	Hours	Dollar Benefit
1	526	\$9,489
0	0	\$0
11	62	\$3,390

TOTALS:	12	Total Hours	588	Total Value	\$12,879.04
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

TOTAL VALUE = \$0.00

4. VOLUNTEER PROGRAM COSTS:

a.

Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)

Hours	35	X	Rate	\$37.02	\$1,295.70
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- b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours	15	X	Rate	\$37.02	\$555.30
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- c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : Photocopying & mailing meeting mats Cost: \$250.00 ✓

Item : _____ Cost: _____

Item : _____ Cost: _____

TOTAL OF OTHER PROGRAM COSTS = **\$250.00**

d. TOTAL OF PROGRAM COST (4a+4b+4c) = **\$2,101.00**

* Program costs reimbursed to County by external funding

5. **NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

a Total Dollar Benefits of Volunteers, Item 2d **\$12,879.04**

b. Total of Donations to Volunteer Program, Item 3 **\$0.00**

c. Subtract Total of program Costs, Item 4d **\$2,101.00**

TOTAL PROGRAM BENEFIT: **\$10,778.04**

6. **RECRUITING:**

Please describe your recruiting programs:

Announcement at community meeting, requests for recommendations from

health professionals in the community for professional experts

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Program received funding for in-depth review of deaths of African-American infants

due to death rate 2-3 times higher than other groups. Specialized volunteers have

supported the modified process and new reporting forms required by state.

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8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2006-07:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Maintain speacialized volunteer pool

Recruit m+B114ore African American professionals for participation in case reviews

9. **GENERAL INFORMATION:**

Name of person completing report: Gayle White

Phone: 619-692-8667 Mail Stop: P511F E-Mail: gayle.white@sdcounty.ca.gov

Volunteer Coordinator: Same

Phone: _____ Mail Stop: _____ E-Mail: _____

10. **DEPARTMENT CERTIFICATION:**


DEPARTMENT HEAD SIGNATURE

7/14/06
DATE

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